



Federal Health Professional Shortage Areas in Washington State: An Overview

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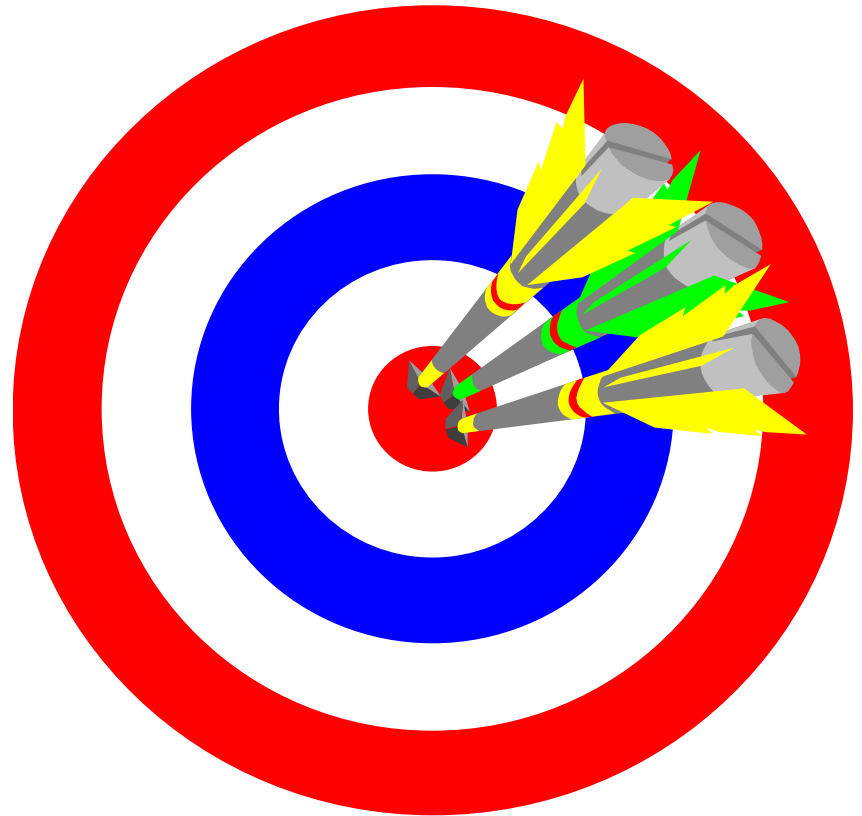
Overview

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- ⌘ What are MUAs and HPSAs
- ⌘ What programs are linked to them?
- ⌘ How does the current designation system work?
- ⌘ Proposed new rules
- ⌘ Options for Designation

What are Health Professional Shortage Areas?

- ⌘ Established by the Federal Bureau of Primary Health Care to target federal resources to the areas of highest need
- ⌘ Used by 37+ Federal Programs
- ⌘ Two major types
 - ☒ Health Professional Shortage Areas (HPSA)
 - ☒ Medically Underserved Areas (MUA)



Shortage Designation Is An Administrative Procedure



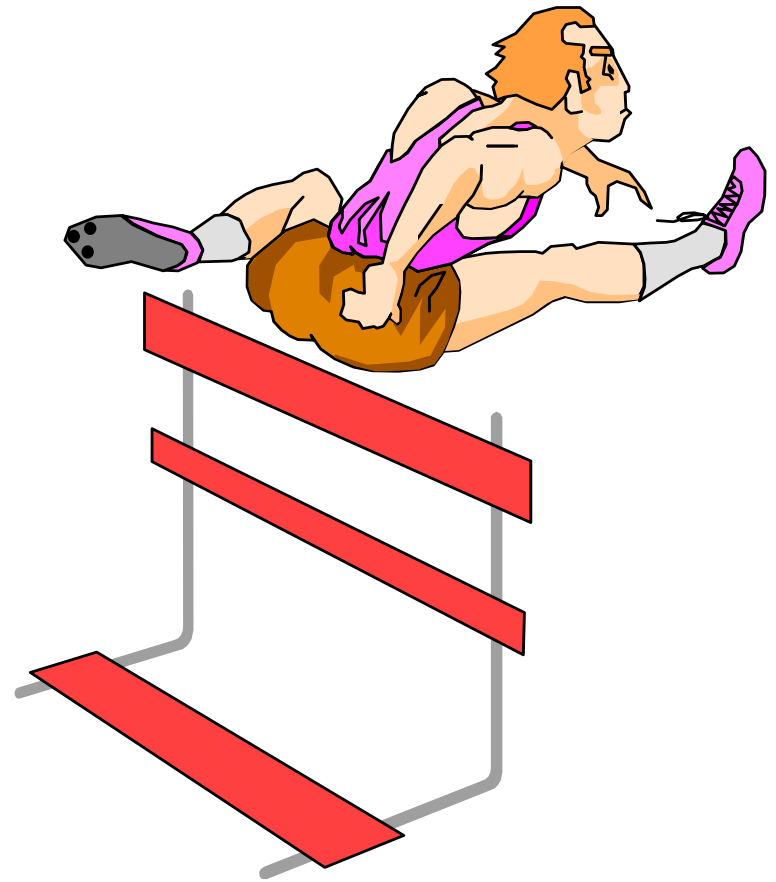
Designations are:

- ⌘ Voluntary
- ⌘ Subject to administrative change and delay
- ⌘ Not a snapshot
- ⌘ Dependent on state commitment and resources

How Are They Used?

An initial hurdle to establish eligibility to participate in federal and state programs

- ⌘ MUAs
 - ☑ Community/Migrant Health Centers or other FQHCs
- ⌘ HPSAs
 - ☑ Rural Health Clinic Status
 - ☑ Medicare Bonus Payment (Geographic HPSAs)
 - ☑ Medicare Telemedicine Reimbursement
- ⌘ HPSA or MUA
 - ☑ NHSC
 - ☑ J-1 Visa Placements
 - ☑ Training grants



Washington State Issues



- ⌘ Aggressive implementation
- ⌘ Crucial to state primary care safety net
 - ☒ \$40-60 Million in federal resources
 - ☒ 110+ Community and Migrant Health Centers sites
 - ☒ 85 Rural Health Clinics
 - ☒ 75+ National Health Service Corps Providers
- ⌘ Designation is on a case by case basis
 - ☒ Lack of workforce data system
 - ☒ Washington's Geography

Washington State Issues (Cont.)



- ⌘ HPSA/MUAs as a barrier to care
- ⌘ Balancing act between Community Health Center and private practice (Rural Health Clinic) benefits
- ⌘ Cost to implement in Washington
 - ☒ \$300,000 - \$500,000 Year
- ⌘ Limited value for state-wide analysis
 - ☒ Data collected can be useful for local county analysis

Washington State Issues (Cont.)



⌘ New Federal Rules Being Developed

- ☑ Office of Community and Rural Development actively involved

- ☑ Implementation not expected for 2-3 years

⌘ Initiatives to have greater LHJ involvement in HPSA process

⌘ Use of HPSA data to provide information on primary care access

Roles and Responsibilities In Federal Designation System



- ⌘ Local Area/Provider/Facility
 - ☒ May initiate and/or submit request
 - ☒ Collect local provider data
- ⌘ Office of Community and Rural Health/Primary Care Office
 - ☒ Review/comment/approve on behalf of Governor
 - ☒ Prepares designation requests
 - ☒ Technical assistance on rules, methods, and data
 - ☒ Information on changes in designation status
- ⌘ Division of Shortage Designation/BPHC
 - ☒ Sets rules and procedures
 - ☒ Reviews/approves designation requests
 - ☒ Notify states of decision

Current System: HPSA vs MUA



HPSA

- ⌘ Primary Care, Dental and Mental Health
- ⌘ Geographic (Entire Population) Population (Sub-population in an area) and Facility
- ⌘ Area or population in area must pass three tests:
 - ☑ Rational Service Area
 - ☑ Population:Provider Ratio
 - ☑ Resources not available in contiguous areas
- ⌘ High Needs Exceptions
- ⌘ Updated on 3 year cycle

MUA/P

- ⌘ Primary Care Only
- ⌘ Geographic or Population
- ⌘ Area must exceed a threshold value for Index of Medical Underservice
 - ☑ Population:Provider Ratio
 - ☑ Poverty Rates
 - ☑ Infant Mortality
 - ☑ Percent Elderly
- ⌘ Does not expire

Current Shortage Designations in Washington State



Total HPSA Designations as of 3/01: 119

Provider Type	Counties With Some Area or Population Designated	Total Designations Excluding Facilities
Primary Care	35	58
Dental Care	28	21
Mental Health	19	17

HPSA Requirements: Rational Service Area



- ⌘ Whole Counties
- ⌘ Multiple Counties (Population center w/in 30 minutes travel time)
- ⌘ Sub-county areas
 - ☒ Similar racial and economic characteristics
 - ☒ Access barriers exist (geography, highways etc)
 - ☒ Defined in census units only
 - ☒ Low-Income threshold > 30% below 200 % FPL

HPSA Requirements:

Population:Provider Ratios



	Primary Care	Dental	Mental Health
Population :Provider Ratio Geographic	1:3500	1:5000	1:30,000 psych
Population: Provider Ratio Sub-population Or High Needs	1:3000	1:4000	1:20,000
Travel Distance	30 minutes	40 minutes	40 minutes

Primary Care (MD, DO, GIM,OB/GYN, Gen Ped)

Dental (DDS, DMD + adjustments for assistants)

Simplified Designations



- ⌘ Method available for special populations
 - ☒ Migrant Worker
 - ☒ Federally Recognized Tribes
 - ☒ Homeless
- ⌘ Do not need to survey providers
- ⌘ Document area and population (must > 1000)
- ⌘ Provides a default score for NHSC and other BPHC programs
 - ☒ Meets minimum thresholds
 - ☒ May be less competitive
- ⌘ **CURRENTLY NOT BE ACCEPTED**

Medical Underserved Area Requirements



⌘ Index of Medical Underservice less than 62

⌘ Index calculated on:

- ☑ Population to provider ratio
- ☑ Percentage of elderly
- ☑ Percentage of population below poverty level
- ☑ Infant Mortality Rates

Information Needed For Designations



⌘ Population Estimates (Claritas 1998)

- ☑ Resident civilian population (OCRH)
- ☑ Low Income Population (OCRH)
- ☑ Homeless population (WA CTED or Local)
- ☑ Tourism (Local)

⌘ Provider capacity (Local)

⌘ Infant Mortality Rates/ Low Birth Weight (DOH)

OCRH/Primary Care Office Resources



- ⌘ Population data
- ⌘ Previous Data if available
- ⌘ Some data entry
- ⌘ Preparation of the HPSA/MUA requests
- ⌘ Resources not available for:
 - ☒ Surveying providers

Surveying Issues



- ⌘ Draft survey instrument
 - ☒ Can be amended with additional questions
- ⌘ Minimum Response Rate required – 66%
 - ☒ Typical response rates are 95% plus
- ⌘ Best respondent – clinic manager
- ⌘ Best approach
 - ☒ Phone/initial contact
 - ☒ Fax/ e-mail survey
 - ☒ Phone follow-up
- ⌘ Survey can be completed in 2-3 weeks
- ⌘ Group practices/managed care significantly reduces # of contacts
- ⌘ Contact/Cooperation with Medical Society other partners

Contact Information



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